## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

19617099

|   |   | CLANVIS A  |                                      | (Column 1)                        |               | umn 2)           |                     | SMALL ENTITY           |     | OTHER THAN          |                        |
|---|---|--|--------------------------------------|-----------------------------------|---------------|------------------|---------------------|------------------------|-----|---------------------|------------------------|
| TOTAL CLAIMS  |   |  |                                      | 111                               | (Ooid         | Hill (4)         | TYPE [              |                        | OR  |                     |                        |
| FC  | OR  |  | NUMBER                               |                                   | MUINAE        | CARDA            | RATE                | FEE 075 00             | -   | RATE                | FEE                    |
| TOTAL CHARGEABLE CLAIMS   |   |  |                                      | NUMBER FILED                      |               | BER EXTRA        | BASIC FEE           | 375.00                 | OR  | BASIC FEE           | 750.00                 |
| _   | <del></del>                               |  | 1.0                                  | minus 20=                         |               |                  | X\$ 9=              | 54                     | OR  | X\$18=              |                        |
| INDEPENDENT CLAIMS  |   |  |                                      | minus 3 =                         |               |                  | X42=                | 168                    | OR  | X84=                |                        |
| Mic   | JLTIPLE DEPER                             | NDENT CLAIM P  | RESENT                               | RESENT                            |               |                  | +140=               | 1                      | 1   |                     |                        |
| * If  | i the difference                          | e in column 1 is   | less than ze                         | ero, enter                        | r "O" in c    | column 2         | TOTALS              | 597                    | OR  | TOTAL               |                        |
|   | C   | CLAIMS AS /  | AMENDE                               | MENDED - PART II                  |               |                  |                     | 27/                    | OR  |                     | +11881                 |
| _   |   | (Column 1)   |                                      | (Colun                            | mn 2)         | (Column 3)       | SMALL               | ENTITY                 | OR  | OTHER<br>SMALL      |                        |
| <b>AMENDMENT A</b>  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                      | HIGHI<br>NUME<br>PREVIO<br>PAID I | IBER<br>OUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| S N   | Total                                     | *  | Minus                                | **                                |               | =                | X\$ 9=              |                        | OR  | X\$18=              |                        |
| AME   | Independent                               | *<br>ENTATION OF MI  | Minus                                | ***                               | :             | =                | X42=                |                        | OR  | X84=                |                        |
|   | FIROTPILOL                                | SINTATION OF INC   | ULI IPLE DEF                         | PNDEN                             | CLAIM         |                  | +140=               |                        | 1 1 | +280=               |                        |
|   |   |  |                                      |                                   |               |                  | TOTAL               |                        | OR  | TOTAL               |                        |
|   |   | (Column 1)   | (O-1 0)                              | ADDIT. FEE                        |               | JOR ,            | ADDIT. FEE          |                        |     |                     |                        |
| 8   |   | CLAIMS   |                                      | (Colum<br>HIGHE                   | EST           | (Column 3)       |                     | ADDI-                  | ı f |                     | *201                   |
| AMENDMENT (   |   | REMAINING<br>AFTER<br>AMENDMENT  |                                      | NUME<br>PREVIO<br>PAID F          | DUSLY         | PRESENT<br>EXTRA | RATE                | TIONAL<br>FEE          |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| Q   | Total                                     | *  | Minus                                | **                                |               | <b>=</b>         | X\$ 9=              |                        | OR  | X\$18=              |                        |
| AME   | Independent                               | *  | Minus                                | ***                               |               | =                | X42=                |                        |     | X84=                |                        |
|   | FIRST PRESE                               | NTATION OF MU  | JLTIPLE DEP                          | 'ENDENT                           | CLAIM         |                  |                     |                        | OR  |                     |                        |
|   |   |  |                                      |                                   |               |                  | +140=               |                        | OR  | +280=               | <u> </u>               |
|   |   | • •  |                                      |                                   |               |                  | TOTAL<br>ADDIT, FEE |                        | OR  | TOTAL<br>ADDIT. FEE |                        |
| _   |   | (Column 1)<br>CLAIMS   |                                      | (Colum                            |               | (Column 3)       | <u> </u>            | <u> </u>               |     |                     |                        |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT  |                                      | NUMB<br>PREVIOI<br>PAID F         | BER<br>DUSLY  | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| <u>Ş</u>  | Total                                     | *  | Minus                                | **                                |               | =                | X\$ 9=              |                        | OR  | X\$18=              | <u> </u>               |
| AME   | Independent                               | A CONTRACTOR OF THE PARTY OF TH | Minus                                | ***                               |               | =                | X42=                |                        | t   | X84≈                |                        |
|   | FIRST PRESE                               | NTATION OF MU  | JLTIPLE DEP                          | ENDENT                            | CLAIM         |                  | ^72-                |                        | OR  | X84≈                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.               |   |  |                                      |                                   |               |                  | +140=               |                        | OR  | +280=               | <u> </u>               |
| ***   | # the "Highest Nun<br>If the "Highest Nur | mber Previously Pai<br>mber Previously Pa  | aid For" IN THIS<br>aid For" IN THIS | S SPACE is                        | less than     | 20, enter "20."  | TOTAL<br>ADDIT. FEE |                        |     | TOTAL<br>DOIT. FEE  | al .                   |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |   |  |                                      |                                   |               |                  |                     |                        |     |                     |                        |